

Transcript Details

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ATTR-CM Screening: How Economic Factors Can Impact Care

Announcer:

You're listening to *Heart Matters* on ReachMD. On this episode, we'll hear from Dr. Kibum Kim, who's an Assistant Professor of Pharmacy Systems, Outcomes, and Policy at the University of Illinois Chicago. He'll be discussing economic considerations in screening for transthyretin amyloid cardiomyopathy, or ATTR-CM. Let's hear from Dr. Kim now.

Dr. Kim:

What factors should be prioritized when determining whether an intervention is worth the investment from an economic perspective? In general, the factors that need to be comprehensively considered include cost for effectiveness gain, budget impact, existing alternatives or perspective, as well as economies of scale. Leaving those patients without proper alternative treatment would not align with the mission of society or the healthcare system as a whole. Thus, where you place your primary value based on the perspective you are taking is also important in addition to the cost.

If you consider pure economic resource allocation from a dollar value perspective only, our decision could become merciless without considering all the aforementioned factors simultaneously. For example, for highly costly treatment options that improve life expectancy by three to six months for patients at the end-of-life care for cancer, we have observed cases a lot where utilization is justified by the evidence of no alternative options. This is because we value the life years gained as far as the budget impact is affordable. This is also an applicable scenario to ATTR-CM screening cases. ATTR-CM is a relatively underrecognized and rarely diagnosed condition, so without strong motivation, healthcare systems or payers may not feel the need to expand the screening services that can lower the per service cost. However, you cannot expand the screening until the cost-per-unit service can be lower.

The primary way to efficiently use ATTR-CM screening strategy is developing a dedicated algorithm to a priori determination or the monitoring patients at higher risk. Precision medicine options, such as genotype-based patient selection, could help increase the value of both the screening and the costly medication use. Additionally, analyzing the pathway to arrive at the diagnosis of ATTR-CM using advanced computational science, like artificial intelligence, will assist clinicians, communities, and researchers in developing this algorithm.

If I can make any recommendation for policy, I would highlight the following. Please understand that my language would overlap with suggestions from another research performed by the Institute for Clinical Economic Review, an independent nonprofit research organization that I have been collaborating with. First, clinical specialty societies or clinicians should establish diagnostic cutoffs that are normalized for individual characteristics, such as gender or the body size. This approach aims to reduce the failure to accurately diagnose the condition. And second, the new case identification is around 5,000 to 7,000 or 8,000 in the United States annually, which may not provide sufficient motivation for manufacturers to lower the price. While I agree with the opinion that manufacturers should set prices that foster affordability and access for all patients by aligning prices with the patient-centered therapy value of their treatment, a reasonable cost-sharing model for policies for medication indicated for the rare condition needs to be developed further.

Announcer:

That was Dr. Kibum Kim discussing screening of transthyretin amyloid cardiomyopathy from an economic perspective. To access this and other episodes in our series, visit *Heart Matters* at ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!